HDMS —— 125th ANNIVERSARY

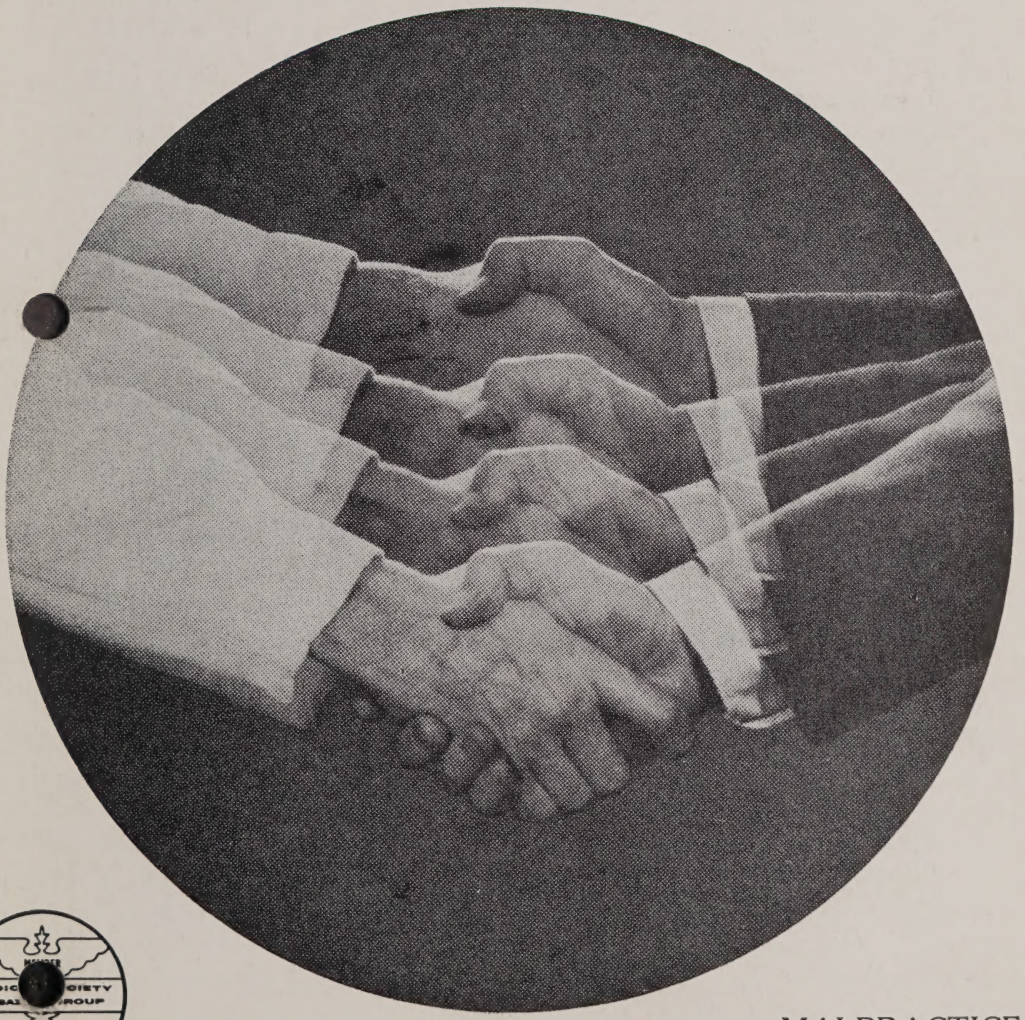
The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XXI MARCH, 1965 NO. 3

PUBLIC RELATIONS

MEDICAL LEGISLATION



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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Founded in 1942 by Drs. Edward P. Bagg and William A. R. Chapin, and published monthly except July and August.

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PUBLIC RELATIONS: 1964 - 65

by ROBERT N. LaMARCHE, M.D., Chairman, Public Relations Committee, HDMS

We began our tenure in office by attending the P-R Institute in Chicago in August of 1964. Our orientation course was complete in all P-R branches and ran daily from 7:15 A.M. to 8 P.M.

Our next step was to organize our committee into various components. Mr. Hammond, a public relations expert, graciously gave of his time and talent, gratis. Our biggest achievement was to get Dr. Grugan to undertake the organization and development of a Speakers' Bureau.

Dr. and Mrs. Miner kindly offered their home and hospitality to our committee to have a meeting with representatives of all news media for a general conference. Here, we offered them a definite promise of greater cooperation in the dissemination of medical news. To further facilitate matters, a list of specialists in each field of medicine who might be contacted by the news media directly, was distributed. This would avoid the delay that might result if the

P-R councilor were to be contacted in each instance. In addition, a joint committee was suggested to draw up a code of conduct for the two professions, all within the framework of the codes of Ethics of the MMS and the AMA.

A program of 'The Doctor in Your Life' showing the doctor in all his endeavors in behalf of the public, was suggested. Such features as the doctor and the law, the doctor and religion, the doctor and insurance, the doctor and labor, etc. were included. As yet, we have not been able to get television time for this program, but it is being considered.

After this productive meeting, Dr. Palermo and I appeared on Channel 22 on December 13, 1964, in a panel discussion with Mr. Hurd. Fortunately the response was so great that we were invited to appear again on February 14, 1965. This time, however, Dr. Bloom very graciously and expertly filled in for Dr. Palermo. Because of the AMA's Eldercare program we were able, for the first time, to present a very positive approach to the care of the aged.

The truly greatest moment of our year was, I feel, Dr. Donovan Ward's appearance at a news conference held prior to our anniversary dinner. This ran a full forty-five minutes over the scheduled time. The news people were completely drawn to him and to his quiet and knowledgeable response to their most searching questions.

Our committees, per request of the Executive Committee and Dr. Emery, our Legislative Councilor, are to embark on a newspaper campaign to further advance the program of Eldercare. We are hoping the membership respond favorably to our cry for financial aid purely on a voluntary basis.

Our further hope is that the members themselves will become acquainted with the program and carry the message to their patients and the public.

Our future plans are to present the image of the doctor as each and every patient knows him.

LEGISLATIVE EMERGENCIES

At the moment our State and Federal legislatures are considering three bills that call for immediate and urgent action on the part of every member of our Society.

The first of these is S248, which is now before our State legislature in Boston. If enacted this bill would tragically weaken and undermine our relations with Blue Shield. In a recent letter from Dr. Baty, President of the MMS, we were asked to urge our State legislators to vote *against* this bill. bill.

In Washington two bills are before Congress.

Write your Congressman and Senators today. Urge them to vote *for* The Herlong-Curtis Eldecare Bill (H.R. 3727) and to *reject again* the Medicare tax plan.

Time is short.

Do it now! (See page 22) M.M.

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BLUE SHIELD PROFESSIONAL SERVICE COMMITTEE

On Wednesday, December 9th, your chairman attended a meeting of the Massachusetts Chairmen of the Blue Shield Professional Committees. This meeting was held in Boston in the Blue Shield-Blue Cross building and lasted two and a half hours. The first portion of the meeting was devoted to a discussion of Bill Senate #248. This Bill represents a revision with recommendations to change the Enabling Act of Blue Shield. These recommendations were made by the Legislative Study Committee which plans to present the Bill for public hearings on January 6th, 1965. Attorney Don Campbell, past Legislator for eight years, discussed with us the Legislative Process. He reviewed how laws are made from the petition submitted to the clerk to final action by the Governor. He and Mr. Reed discussed the proposal of the Legislative Study Commission to re-write the laws for Blue Shield. Mr. Reed suggested that the District Legislative and Blue Shield Committees meet with the area Legislators to discuss Bill Senate #248. The major recommendations of the Legislative Study Commission were issued in summary form to the Blue Shield District Professional Service Committees. Copies of this are to have been mailed to members of the Society.

The second portion of the meeting was devoted to "Hospital Profiles". Dr. Lawrence Dame, Chairman of the Advisory Committee to Blue Cross, discussed a study which had been carried out from October, 1958 to September, 1961. This study concerned itself with necessary hospital care and was headed "What is Necessary Hospital Care?" A film comprising a series of graphs and charts was shown and narrated by Miss Mary Koen. The film shown utilized five diseases: 1) arteriosclerotic heart disease 2) diabetes 3) hernia 4) gallstones and 5) dental, and tried to point out the average normal stays in various hospitals for these diseases. The standard utilization for each of these hospitals was determined and comparisons of the actual utilization and the standard utilizations were then made. The study was able to project a graph which represented the average for all hospitals in the Commonwealth. It was demonstrated how it was now possible to project any hospital in its care of patients against the average (the "Hospital Profile") and how it deviated from the mean. The study obviously was very carefully planned out. A discussion of the film and what it implied was carried out by the twenty-two chairmen who felt unanimously that this should become available to all of the hospitals. It was further pointed out to the chairmen that the film itself could be borrowed for hospital staff use. It was recommended by the chairmen that the presidents of the various Medical Societies in the Commonwealth be notified of the availability of these hospital profiles. It seemed to most of us that a hospital profile would be a most valuable adjunct to medical staffs in conjunction with their medical audit and utilization committees.

The meeting ended with a dinner.

Walter J. J. Nero, M.D.,
Chairman

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COMING EVENTS

HAMPDEN DISTRICT ANNUAL MEETING, APRIL 27, 1965

EXECUTIVE COMMITTEE MEETINGS: MARCH 16 and APRIL 20

ACADEMY OF MEDICINE, APRIL 13 (Page 12)

AMERICAN ACADEMY OF GENERAL PRACTICE,
SAN FRANCISCO, CAL., APRIL 12 - 16

AMERICAN DIABETES ASSOCIATION, NEW YORK CITY, JUNE 19 - 20

AMERICAN COLLEGE OF PHYSICIANS, CHICAGO, ILL., MARCH 22 -26

M.M.S. ANNUAL MEETING, BOSTON, MAY 18, 19, and 20

A.M.A. ANNUAL MEETING, NEW YORK CITY, JUNE 20 - 24

ATTENTION COMMITTEE CHAIRMEN!

Final Reminder

In order to shorten the coming Annual Meeting the Executive Committee voted that not all annual reports need be presented at that meeting.

Reports which are purely informational in character may instead be published in the Hippocrat. The only requirements are: (1) that the report not exceed 300 words (2) that the report reach the Secretary's desk not later than March 20.

These reports will appear in the April issue of the Hippocrat prior to the Annual Meeting, which is scheduled to take place on April 27.

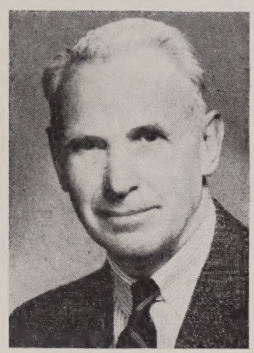
Reports containing "recommendations" will have to be presented at the Annual Meeting.

Chairmen of sub-committees will not present reports at the Annual Meeting. They will instead report to their respective Parent Committees.

Your cooperation is urgently requested.

Harry N. Memery, M.D., Secretary

President's Page



OUR SPEAKERS' BUREAU

One of the most important contributions a medical society can make to the community is a well organized and well functioning Speakers' Bureau.

What is the purpose of such a bureau? The answer is simple: education—the education of the public in matters pertaining to health, medicine, and sickness. The interest of the public in these subjects is very keen today and seems to be steadily on the increase. The public is indeed entitled to this type of information and we as physicians are obligated to provide it. Who else but the physician is best qualified to disseminate such knowledge? Our professional responsibilities are not limited to the care of the sick but include also the prevention of disease, which, as we all know, begins with education.

Our Society receives frequent requests for speakers on clinical as well as medical socio-economic topics. Consequently physicians, representing our Society, often address various groups and organizations. This not only serves to disseminate medical information but also to improve our relations with the public.

It is important, therefore, that more and more of our members register with our Speakers' Bureau at Society headquarters. This will enable us to present the story of medicine even more effectively to the many societies and organizations that seem so eager to learn.

Theodore R. Miner, M.D.

WELFARE MEDICAL PROBLEMS

(Editor's Note: Several months ago Dr. Robert O'Malley, Holyoke, expressed his views on welfare problems in a letter addressed to State Senator Maurice A. Donahue. The Senator forwarded the letter to Mr. Robert F. Ott, Commissioner, Mass. Dept. of Public Welfare. Mr. Ott's reply, in the form of a special article, is published below, immediately following Dr. O'Malley's letter.)

Dear Mr. Donahue,

Once again let me repeat in writing my appreciation of your visit to the Providence Hospital this Saturday morning. It is reassuring to me to know that someone of your calibre and ability is representing us in the Senate of the state. I was much impressed by your complete grasp of the subject at hand.

You have suggested that I write you in connection with the welfare problems as seen through the eyes of the doctors. I use the plural because there seems to be a number of facets to these problems. First of all, let me say that the amount of money involved in some of these patient-care problems is of relative unimportance. All of us take it for granted that we will do a certain amount of charity work. We all cover staff services, many of us at two or more hospitals. This is part of being in a great and good profession. Haggling for money with a welfare agent is beneath the large majority of us but when a welfare agent by decree can take our private patients away from us on a technicality or by a form of blackmail then it becomes a matter of principle and of concern.

There is the problem of the incompletely insured patient who asks for welfare help. This patient may have a small insurance such as Plan A Blue Shield which entitles him to pay at least a token amount to his private physician (this is often a source of pride to the patient) but by threat of refusing to pay for hospital expenses not covered by this hospitalization insurance the welfare department converts the man to a charity status and interferes with his right to the physician of his choice, if the patient or his family pays for the services of a private physician. This is a vicious abuse of power by the Welfare Commissioner and his agents throughout the Commonwealth. It is cruel to the patients and unfair to the doctors who perform innumerable acts of charity throughout the year without thought of recompense.

15-Mile Rule

A second complaint which we doctors have is the stubbornly pigheaded way in which the Kerr-Mills program

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has been usurped by the Welfare department in this state particularly as it relates to the so-called "Fifteen mile rule". Doctor Allen Johnson of Springfield summarized the society's attitude in his farewell speech as president of the Massachusetts Medical Society last May:

"The Society continues to be dissatisfied with the administration of Medical Assistance to the Aged which constitutes the implementation of the Kerr-Mills Act in this state. The Department of Public Welfare's Medical Care Plan states that if any portion of the city or town in which the aid recipient resides is within 15 miles of a teaching hospital, the recipient must go to that teaching hospital in preference to a non-teaching hospital in his own community. If within 25 miles of a non-profit, charitably incorporated hospital, he must be treated at that hospital in preference to a proprietary hospital in his own municipality. The result all too frequently is to deprive the patient of the services of his own physician, although this was not the intent of the Kerr-Mills Act and is in direct violation of the law implementing the act in Massachusetts, which states that there must be provision for the services of a physician of the recipient's choice."

This issue was reopened by a recent court ruling that the D.P.W. must hold hearings on the matter. These were held. Following this hearing the attitude of Commissioner Ott has remained unchanged and apparently inflexible. A test case is currently awaiting hearing concerning the legality of this policy of the D.P.W.

Incidentally, the Massachusetts

Medical Society stands ready at any time to consult with you, with the Governor or any commissioner in an attempt to iron out these problems. They should not be beyond solution by men of good will honestly interested in providing the best medical care to the public of the Commonwealth.

I shall not burden you again with my thoughts on Blue Shield and the proposed legislation arising out of Mr. Burke's committee other than to say that I believe the Massachusetts Medical Society has done a magnificent job for this commonwealth in providing probably the best Blue Shield plan in the nation. I am happy to participate in this as long as it is truly the doctors' plan, voluntarily and altruistically offered to the public of the state to help them finance medical care at lower cost. The minute I feel that the state is running me and my practice through this plan I (and I speak for many of my colleagues) will be most happy to resign. This is a statement of fact and not a threat.

Many thanks again for your courtesy in appearing before us at the Providence Hospital. Best of luck in your campaign this fall and in the bigger ones to come in the future.

Cordially yours,
Robert D. O'Malley, M.D.

PAYMENT FOR PHYSICIANS IN HOSPITALS

by ROBERT F. OTT, Commissioner
Mass. Department of Public Welfare
(By Invitation)

Prior to 1945, public assistance recipients were generally given medical care by the city and town physicians. There were a few enlightened communities which provided for a limited choice of physician through the establishment of panels of three or five physicians strategically located in the community and generally representative of the religious or racial makeup of the community.

Chapter 441 of the Acts of 1945 was enacted by the legislature to provide the Old Age Assistance recipient with a choice of physician to supplant the practice of medical care by the city and town physician. If it were intended to provide for choice of a physician in a hospital, such a bill would specifically provide for it because of the drastic change over the procedure then in effect. The chapter gave the department the authority to make rules and regulations concerning it and we did not see fit, at that time, to change our rule on hospital care which provided for the payment of a per diem all-inclusive rate such as we had in the general relief statute.

What had been tradition in the pay-

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ment of hospital care, i.e. payment only of ward services, subsequently became law in the general relief statute and in the legislation which established the Division of Hospital Costs and Finances, chapter 636 of the Acts of 1953, and the M.A.A. law.

The Department developed the Medical Care Plan in 1953 which became premissive to local boards on January 1, 1954 and mandatory on July 1, 1954. We were aware that there were a number of small charitably incorporated hospitals in remote areas which did not have a permanent staff but rather used each of its participating physicians and surgeons for service on a rotating basis for approximately one month. These hospitals had no wards nor internes nor resident staffs and our per diem ward rate was applicable and paid for whenever the patients were cared for in the hospital. Contrary to tradition and as a concession or exception to the general rule we provided for payment for physicians and surgeons in these hospitals "only when the *recipient* resides in a town which is wholly or partially fifteen or more miles distant from a teaching hospital." Under that ruling, if any part of the town in which the recipient lives is more than 15 miles from the nearest teaching hospital, the local board will pay for the services of the physicians and services in accordance with our Medical Care Plan fee schedule. If the town is wholly within 15-miles of a teaching hospital, the local board can pay only the certified per diem hospital rate. In such instances, the physician's services as provided by the patients own physician or the physician on service cannot be paid. We feel that the nearby teaching hospital is available for use and the patients preference for a local hospital should not result in higher costs to the welfare program.

As generally recognized, there are two major approaches to Medical Assistance for the Aged. One is the Kerr-Mills Bill which is predicated on a "welfare means test" - that is, within the tradition and context of a public welfare administrative setup. This is a right *conditioned* upon the application of a means test as a part of a "relief" system. The other is a right as part of a Social Security approach, to which the person usually contributes. There is generally no condition of "need" in the public welfare sense. If these two general concepts are not recognized with their different approaches, a basis philosophical problem can develop and, if not, many erroneous and illogical conclusions result.

Massachusetts has one of the most liberal Medical Assistance for the Aged programs and is one of only four states that the office of the United States Department of Health, Education, and Welfare considers to have a comprehensive medical care program.

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ACADEMY

The next meeting of the
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TUESDAY, APRIL 13, 8:30 P.M.

Speaker:	RICHARD H. OVERHOLT, M.D. Thoracic Surgeon, Deaconess and New England Baptist Hospitals Director Overholt Thoracic Clinic
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MMS MEETINGS ARE HELD
(February 10, 1965)

Special Meeting

A special meeting of the Massachusetts Medical Society was called prior to the Council meeting of February 10, 1965. The reason for the special meeting was the demand of the Internal Revenue Service for taxes on the income of the New England Journal of Medicine. It was voted to delegate to the Committee on Administration the task of negotiating with the Internal Revenue department as to this tax. The special meeting of the Society was then adjourned and the meeting of the Council was called to order at approximately 10:30 A.M.

Council Meeting

The minutes of the last meeting, as published in the New England Journal of Medicine, were approved.

Interim appointments announced were those to the Committee on Occupational Health and that of Dr. Frank Eddy of Adams as delegate to the AMA in place of Doctor Charles Hayden, resigned. Five requests were received for the suspension of rules. A number of communications were read by the secretary. The Executive Committee's report was accepted as was the report of the Committee to study Blue Shield legislation.

Informational reports of Committees on State Legislation, Publications, Medical Education, Society Headquarters, Hospital and Professional Relations, received no arguments. It was announced that the Massachusetts Hospital Association had approved the agreement with the MMS to publish soon a "Blue Book". Committee on Mental Health report was informational as was that of the Committee on Disaster Medical Care, Joint Conference Committees of the MMS with Bar Association and with Mass. Pharmaceutical Association.

A resoultion submitted by the Committee on Public Health that the MMS encourage physicians to treat narcotic addicts, was accepted but a recommendation that Section 210-A of the Narcotic & Harmful Drug clause of the Commonwealth be deleted was referred back to the Committee for further study as it posed many problems both with the Massachusetts and the federal laws concerning this subject.

The budget as submitted by the Committee on Finance was accepted, as was a recommendation that $3000 be allotted to the AMA Educational & Research Foundation to be distributed $1000 to each of the three medical schools of Massachusetts.

The Committee of By-laws and Council Rules recommended certain changes in the by-laws to conform to the action of the Council at its last meeting in creating a Medical Charges Review committee and in specifying what its purpose would be.

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The Committee on Administration recommended that $50,000 not be donated to the Boston Medical Library as was recommended by Dr. Chapman. It was felt that in view of our precarious financial position due to the tax claims upon the MMS, this sum should not be allocated at this time.

The Committee on Tax-Supported Medical Care presented a resolve that the Veterans Administration schedule of fees for office, home and hospital visits as presented, be approved. It was pointed out that this fee schedule existed on a national basis and that we had very little to say about it. The resolution was adopted but a second resolution regarding agreed schedules of fees was disapproved.

Payment for Services in Hospitals

The Committee to study payments for medical services in hospitals presented a resolve that when an M.D. contracts to operate a hospital department and assume full financial responsibility for its management the fees paid to him by Blue Shield shall include payment for all the services provided. This was accepted but a resolve that Blue Shield pay physicians for services rendered to a patient by properly supervised technicians, was tabled. A resolve that Blue Shield should not pay a physician for a service to a patient if he has been recompensed for that service by payment by Blue Cross directly was accepted. A resolve that payment to a physician by Blue Cross for certain services shall not preclude payment to that physician for other services rendered to the patient, was also accepted.

The Committee on Members Insurance Programs finally attained the status of a Standing Committee, after several attempts over a number of years.

The Committee on Medical Charges to Pooled Funds presented recommendations that the Council approve for use by this Committee definitions of the words "usual", "customary" and "reasonable". **Usual**: to mean the usual fee charged for a given service by an individual physician to his private patients; **Customary:** when it is within the range of usual fees charged by physicians of similar training and experience for the same service within the same economic area of a county or a metropolitan area; **Reasonable:** when it meets both of the above criteria. These definitions were debated very much especially since they came up late in the

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meeting when the audience had dwindled to just about a quorum but they were accepted as defined. Also on recommendation, the Council approved factors for use and arriving at a recommendation of a reasonable fee not only ability to pay a portion through insurance but also an ability to pay any uninsured remainder. This was accepted after much debate.

A rather lengthly report was received from delegates to the American Medical Association, Doctors Dame, Butts, Curtis and Novak and a minority report from Doctor H. D. Ballentine. These dealt chiefly with the subject of Eldercare and the King-Anderson Bill. There were no resolutions presented other than the one that we should oppose the King-Anderson Bill and work for the Eldercare Program. Both of these resolutions were accepted by the Council.

Under Suspension of Rules an appropriation of $8,500 was approved to be used in the campaign on the Eldercare bill. This was added to the budget of the Public Relations office. Also, under the Suspension of Rules the contribution of the Hampden District Medical Society to the Charitable Educational Fund was accepted by the Council and approval was secured of the principle of using such funds for scholarship purposes on recommendation of the HDMS.

Also, under the Suspension of Rules, Listernick secured approval of the Council for his recommendation that industrial accident fees be escalated by $1.00 each for office, hospital and house calls.

After one of the longest meetings on record, the Council adjourned at 5:20 P.M.

Miller

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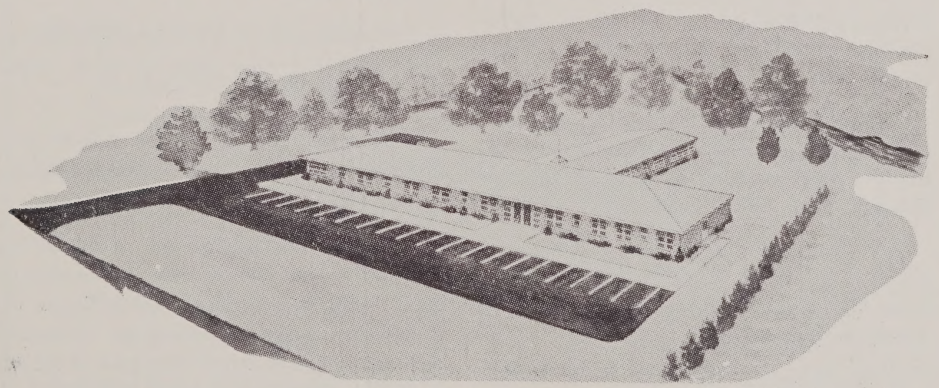

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LEGISLATIVE HOPPER

Following are some of the bills coming up this year in the State Legislature. The number of bill, one descriptive sentence, who introduced it, and the recommendation made by the State Legislative Committee, are given. Bills upon which the Committee voted *"No Action"*, are not listed. For more information please feel free to call Dr. Emery, chairman of the Legislative Committee of Hampden District, or the office of the Society.

DRUGS

H1393—To codify the pharmacy law. (Massachusetts State Pharmaceutical Association.) Public Health. —ACTION PENDING - additional information.

S524—Authorizing registered podiatrists to write prescriptions for drugs and syrups. (Massachusetts Podiatry Association)—OPPOSE

S538—Providing that prescriptions issued by physicians, dentists or veterinarians shall be imprinted or stamped with their seals. (Senator Umana) Public Health—OPPOSE as unnecessary.

HOSPITALS

H1628—Relative to the Care of Hospital Patients. (Amy J. Daniels) Pubilc Health.—OPPOSE

H1627—Relative to the Qualifications of Hospital Administrators (Amy J. Daniels) Public Health.—OPPOSE

H1630—Relative to the admission to practice medicine in hospitals. (Amy J. Daniels) Public Health.—OPPOSE

S545—Providing for an investigation and study by a special commission relative to the establishment of a system of Massachusetts Regional Hospitals (Sen. Ansel) Public Safety.—OPPOSE

S673—Establishing a division of hospital finances to be headed by a commissioner and defining his duties and powers. (Sen. Parker) State Administration.—OPPOSE

H2889—Requiring the employees of all hospitals in the Commonwealth to comply with Ethics and Discipline Standards of the Committee of Ethics and Discipline of the Massachusetts Medical Society. (W. F. Ingersoll). Public Health. —OPPOSE as unpracticable.

H3062—Providing for a committee to be appointed by each hospital to evaluate surgical reports. (Amy J. Daniels) Public Health. OPPOSE as unnecessary.

INSURANCE

S248—Relating to non-profit medical services corporations and medical service plans. (Senator Parker and Ansel) Insurance.—OPPOSE

LEGAL

H526—Relative to admissibility in evidence in cases of contract or tort for malpractice, of certain statements of fact or opinion contained in published treatises, periodicals, books and pamphlets. (Meyer H. Goldman) Judiciary.—OPPOSE (also #985, similar in intent)

H527—Providing that certain charitable corporations or organizations shall be liable for the tortious acts of their employees. (Meyer H. Goldman). Judiciary—OPPOSE (also H535, H1578, similar in intent)

H530—Changing the statute of limitations covering malpractice cases. (Rep. O'Farrell). Judiciary.—OPPOSE

S289—Authorizing the use of medical depositions at trials in the absence of attending physicians. (Sen. Randall). Judiciary—FAVOR

S264—Providing that blood, blood plasma, and certain other human tissue and organs from blood banks or reservoirs of such tissues and organs shall not be considered as "Commodities" and subject to certain provisions of the uniform commercial code. (MMS) Judiciary. —FAVOR

H2523—Facilitating anatomical gifts to medical schools. (Rep. Wheeler). Legal Affairs. —FAVOR

H2524—Facilitating gifts of human tissue and organs. (Rep. Wheeler) Legal Affairs.—FAVOR

MENTAL HEALTH

H74—To establish Community Mental Health Facilities under the Department of Mental Health. Public Welfare.

Committee voted to refer to Committee on Mental Health. The Committee on Mental Health voted APPROVAL.

H1393—Relative to the supervision by the Commonwealth of mentally ill persons, alcoholics and drug addicts. (Massachusetts Medical Society. (Rep. Armstrong.) Public Welfare. —FAVOR

H2912—Permitting county, city, and town hospitals to treat mentally ill, epileptic and mentally deficient persons. (Rep. Carey). Public Welfare.—FAVOR

MISCELLANEOUS

H1629—Requiring registered physicians and surgeons to pay an annual licensing fee. (Amy J. Daniels)—OPPOSE

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H1401—Relative to the dissemination of information by registered physicians and registered pharmacists. (Duncan Reid, M.D., et al). Public Health—FAVOR (Birth Control bill)

S84—Transferring the power to inspect dog kennels and dog pounds from the county commissioners to the Commissioner of Public Health and prohibiting counties from maintaining dog pounds. (Francis A. Bateman). Counties.—More information needed.

H2180—Establishing the board of chiropractors and defining its powers and duties. (Rep. Iannello). Public Health—OPPOSE

PUBLIC HEALTH

S112—Permitting certain unvaccinated children to be admitted to public school. (Senator Graham and David L. Sleeper). Education —OPPOSE

H102—Relative to the emergency powers of the Department of Public Health. (Department of Public Health)—FAVOR

S515 and H1397—Returning to elected town and city officials full authority to decide whether to fluoridate public water supplies. (Senator Cohen) (Rep. Armstrong). Public Health —FAVOR

H2005—Regulating the reporting of births of mongoloid children. (Rep. DiLorenzo). Public Health—OPPOSE - Not practicable.

H2179—Prohibiting the addition of fluorine, iodine, vanadium or any of their compounds or any other substance to public drinking water for the purpose of affecting the bodily or mental functions of the consumer. (Ed. R. Greenwood). Public Health—OPPOSE

SAFETY

S170—Requiring medical reports on certain persons to be made to the regitsrar of motor vehicles. (AAA) Highways and Motor Vehicles. —OPPOSE

S210—Providing that licenses to operate motor vehicles shall contain the blood type of the licensee. (Sen. Rurak). Highway and Motor Vehicles—OPPOSE

S171—Requiring periodic visual reexamination of every licensed driver and license reexamination for accident repeaters. (AAA) Highways and Motor Vehicles.—FAVOR

H1553—Requiring that the Registrar of Motor Vehicles be furnished with a list of all persons declared legally blind. (Rep. McGee). Highways and Motor Vehicles.—FAVOR

H2689—Providing for periodic vision re-examination of persons licensed to operate motor vehicles. (Harry Barker). Highways and Motor Vehicles.—FAVOR in principle.

WELFARE

S494—To allow persons receiving public welfare to choose their own physician. (Massachusetts Medical Society)—FAVOR

H1823—Resolve for investigation and study by a special commission of payments by agencies of the state and local governments to vendors of medical, nursing and health services and materials to persons entitled to public assistance. (Peabody, et al). Public Welfare—FAVOR

S457—Providing that the Department of Public Welfare establish the maximum rates which may be charged by certain registered physicians and podiatrists for services rendered to recipients of old age assistance and medical assistance. (Senator Ansel and Senior Citizens Association of America.) Pensions—OPPOSE

H3057—Allowing old age recipients to choose their own physician. (Rep. Shea). Pensions. —FAVOR

H2554—To ascertain the will of the people re eliminating financial responsibility of children for the support of parents who are OAA or MAA recipients. (Rep. Shea). Pensions—FAVOR

H2881—Relative to fees charged by physicians and podiatrists for services rendered to recipients of old age assistance. (Rep. Shea) Pensions. —OPPOSE

Robert W. Emery, M.D.
Legislative Councilor

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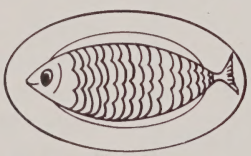

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YOUR COMMITTEE OF CHOICE

Final Reminder

For the fourth time in as many years you are invited to name the committee on which you would prefer to serve.

In order to insure the widest possible participation in Society affairs each member is urged to "sign up" for the committee of his choice.

On the inside of the front cover a complete list of committees appears. Write down your first and second preference on a piece of paper, sign it and forward it to Dr. Harry Memery, Secretary, Hampden District Medical Society, 1414 State Street, Springfield. In so doing you will be rendering a distinct service to your Society and its officers, who will give your expressed preference their most serious consideration. This, needless to say, applies only to committees appointed by the president.

Henry Burkhardt, M.D.,
President-elect

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Q—Where a hemostat is found to have been left in the abdominal cavity of a patient after surgery, what is the legal liability of a surgeon who assisted the operating surgeon, but who had no responsibility for insertion or removal of the hemostat or for closing the incision?

A—Where foreign material is found in the body of a patient after an operation, there is usually an inference of negligence. The inference of negligence can be overcome by evidence showing that no negligence occurred. If the assisting surgeon can show by evidence that he had nothing to do with the insertion or removal of hemostats and that he was not aware of the carelessness of anyone else in failing to remove the hemostat, he may avoid legal liability.

Q—May literature published by a drug manufacturer to set forth cautions and warnings to be adhered to in the administration of a drug be admitted in a professional liability suit to establish the negligence of a physician in the administration of that drug?

A—Such literature is generally not admissible in evidence for that purpose, since it constitutes statements made by a person out of court and not subject to cross examination. *Grantham v. Goetz,* 164 *A. 2d* 225. It should be noted that some courts, however, have admitted such literature in evidence for limited purposes.

Q—If several physicians form a partnership for the practice of medicine, is one partner legally liable for acts of negligence or misconduct on the part of another partner?

A—Each partner is liable for any negligence or other misconduct by any partner in the course of the partnership practice. A physician in a partnership should be sure that his professional liability insurance covers his liability for the acts of his partners.

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Dr. Bellin — Temple Beth El
Washington PTA
Dr. Walter Tauber — Dorman PTA
Jewish Community Center
Dr. Booker — Brookings PTA
Dr. Booker — Brookings PTA
Dr. Fitzpatrick — Southwick PTA

March

Dr. Tauber — Frederick Harris PTA
Glickman PTA
YWCA
Dr. Teitel — Margaret Ells PTA
Dr. Booker
Dr. Bettigole
Dr. D. Williams
Council of Churches
Dr. K. Susat
Underwriters Association
Rotary of Holyoke
Kiwanis of Holyoke

Dr. Lawrence V. Selden has transferred to Non-Resident membership.

Committee Meetings to be Held in March at Society Headquarters

Mental Health — Executive
Public Relations — Public Health
Blue Shield — Professional Service
Medico-Religious

Removal of Office:

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The Woman's Auxiliary will start "Coffee Hours" during which will be played a recorded speech by President Ward on Eldercare. Also, pamphlets are being distributed by the Woman's Auxiliary and the Medical Assistants on Eldercare.

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1. Be specific and brief;
2. Be friendly and courteous;
3. Be straightforward and sincere, stating particularly how the proposed legislation will affect your community and you;
4. Do not follow form letters or use carbon copies, write each personally and individually; stating your own ideas in your own words;
5. Request proper action and ask for an answer;
6. Be appreciative by acknowledging good votes and action;
7. Sign your letters legibly and always include your address.

When writing your legislative representatives, your letters may be directed to their offices or homes. Below is a listing of the areas they represent and where they may be reached.

CONGRESS OF THE UNITED SATES

U. S. Senators

Leverett Saltonstall (R), Senate Office Bldg., Washington, D.C. - 20510 and Smith St., Dover 02023.

Edward M. Kennedy (D), Senate Office Bldg., Washington, D.C. - 20510 and 3 Charles River Square, Boston 02114.

U. S. Congressmen

First District - Silvio O. Conte, (R), House Office Bldg., Washington, D.C. - 20515 and 94 Lakeway Drive, Pittsfield 01201.

Second District - Edward P. Boland, (D), House Office Bldg., Washington, D.C. - 20515 and 100 Mooreland St., Springfield 01104.

GENERAL COURT OF MASS.

All State Senators and Representatives may be addressed: State House, Boston, Mass. - 02133. Below, after their names, their home address is listed.

State Senators

First Hampden District (Ludlow and Wards 2, 4, 5, 6, 7, and 8 in Springfield): Stanley J. Zarod (D), 537 Main St., Indian Orchard 01051.

Second Hampden District (Chicopee, Holyoke, and Ward 1 of Springfield): Maurice A. Donahue (D), 140 Pine St., Holyoke 01040.

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Hampden and Berkshire District (Agawam, Blandford, Chester, East Longmeadow, Granville, Longmeadow, Montgomery, Russell, Southwick, Ward 3 of Springfield, Tolland, Westfield, and West Springfield in Hampden County and the other communities in Hampshire and Berkshire Counties): George D. Hammond (R), 96 Western Ave., Westfield 01085.

Worcester and Hampden District (Brimfield, Hampden, Holland, Monson, Palmer, Wales, and Wilbraham in Hampden County; Belchertown and Ware in Hampshire County and Worcester County communities): Philip A. Quinn (D), 101 Main St., Spencer 01562.

State Representatives

First Hampden District (Brimfield, Hampden, Holland, Monson, Palmer, and Wales): Alexander Lolas (D), Upper Palmer Road, Monson 01057.

Second Hampden District (Ludlow and Wards 5 and 6 of Chicopee): John F. Thompson (D), 59 Fairway Drive, Ludlow 01056.

Third Hampden District (Wards 7, 8, and 9 of Chicopee): Roger L. Bernashe (D), 17 Tourtellotte St., Willimansett 01045.

Fourth Hampden District (Wards 1, 2, 4, and 4 of Chicopee): Mitsie T. Kulig (D), 26 Sachem St., Chicopee 01013.

Fifth Hampden District (Ward 2 of Springfield): John J. Fitzgerald (D), 16 Cornwall St., Springfield 01104.

Sixth Hampden District (Wards 3 and 4 of Springfield): James L. Grimaldi (D), 102 Florence St., Springfield 01103 and Anthony M. Scibelli (D), 200 Maple St., Springfield 01105.

Seventh Hampden District (Ward 5 of Springfield): Bernard J. Foley (D), 97 Villa Parkway, Springfield 01109.

Eighth Hampden District (Ward 6 of Springfield): Philip K. Kimball (R), 770 Dickinson St., Springfield 01108.

Ninth Hampden District (Ward 7 of Springfield): John P. O'Brien (D), 308 Winton St., Springfield 01118.

Tenth Hampden District (Ward 1 of Springfield): Arthur J. McKenna (D), 24 East Hooker St., Springfield 01107.

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Thirteenth Hampden District Wards 3 and 6 of Holyoke): David Bartley (D), 5 Wolcott St., Holyoke 01041.

Fourteenth Hampden District Wards 5 and 7 of Holyoke): Emmett J. Cauley (D), 140 Allyn St., Holyoke 01041.

Fifteenth Hampden District (Westfield): Robert J. McGinnn (D), 46 Coolidge Ave., Westfield 01085.

Sixteenth Hampden District (East Longmeadow, Longmeadow, and Wilbraham): Vernon R. Farnsworth, Jr., (R), 30 Ripley St., Wilbraham 01095.

Seventeenth Hampden District (Ward 8 of Springfield): Dave N. Vigneault (D), 39 Wilton St., Springfield 01109.

Eighteenth Hampden District (West Springfield): John F. Coffey (D), 20 Day St., West Springfield 01089.

Ayres

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6:00 P.M. Pediatric Rounds
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The Hampden District Association of Medical Assistants wishes to take this opportunity to bring to your attention the aims and purposes of our organization.

We are a young branch of a National and State Association, the ONLY medical assistants group endorsed and sponsored by the AMA. Our local chapter was organized, June, 1960. Our objectives are to inspire members to render honest, loyal and more efficient service to the profession and to the public which they serve; to strive at all times to cooperate with the medical profession in improving public relations; to render educational service for the self-improvement of members and to stimulate a feeling of fellowship and cooperation among the societies. We are a NON UNION group; we are not, nor shall we ever become a trade union or collective bargaining agency.

Membership in this association is open to receptionists, secretaries, bookkeepers, nurses, technicians, and assistants employed by a licensed doctor of medicine and/or working under the supervision of a doctor of medicine who is a member of a component society of the AMA.

Our meetings are held on the second Tuesday of the month in the conference room at the HDMS headquarters in Springfield. Approximately one out of every third meeting is a social function. Our speakers come to us from the HDMS and other professional fields. We also sponsor courses to aid your medical assistant in her chosen field. Available to members of our organization is a comprehensive group insurance program with salary replacement, major hospital, medical and surgical coverage.

We ask you, as a member of the HDMS, for full support and cooperation to encourage your "Girl Friday" to join us in "rendering honest, loyal and more efficient service to the profession and to the public which they serve.

Miss Dorothy T. Diminutto,
President
Hampden District Association
Medical Assistants

INFLICTED INJURIES

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of Child Guardianship. Since it is of interest to all physicians in Hampden District, I am submitting it for publication.

Lowell Bellin, M.D., M.P.H.
Commissioner of Public Health
Springfield

1964 Legislative Provisions for Reporting Children Suffering Inflicted Injuries

"Every physician and every interne or medical officer who professionally examines or treats a child under the age of sixteen years and has reasonable cause to believe that such child is suffering from serious physical injury or abuse inflicted by a parent or other person responsible for the care of such child, shall report such injury or abuse to the department of public welfare in accordance with rules and regulations of the department.

Any information contained in such report if given in good faith by such physician, or interne or medical officer shall not constitute slander or libel."

Quoted from Chapter 119, Sections 39A and B of the General Laws of Massachusetts.

Cases from Hampden, Hampshire, Franklin and Berkshire Counties should be reported to the Springfield District Office of the Division of Child Guardianship of the Massachusetts Department of Public Welfare, located at **235 Chestnut Street, Springfield, Mass., Telephone No. REpublic 2-6218.** The Division will then make immediate arrangements for further contact between the doctor and a member of its staff, initiate a thorough study of the situation, and take whatever action seems necessary to expedite the protection of the child.

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*June, 1942

Charles River District Medical Society
*May, 1955

Essex North District Medical Society
*June, 1942

Essex South District Medical Society
*February, 1942

Fall River Medical Society
*November, 1942

Franklin District Medical Society
*June, 1945

Hampshire District Medical Society
*October, 1945

Middlesex East District Medical Society
*May, 1942

Middlesex North District Medical Society
*August, 1942

Middlesex South District Medical Society
*October, 1942

Middlesex West District Medical Society
*October, 1951

New Bedford Medical Society
*February, 1942

Norfolk District Medical Society
*December, 1945

Norfolk South District Medical Society
*July, 1943

Plymouth District Medical Society
*March, 1946

Springfield Academy of Medicine
*May, 1948

Suffolk District Medical Society
*April, 1946

Worcester District Medical Society
*July, 1943

Worcester North District Medical Society
*May, 1942

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